## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000001324

TOBY PROPERTY, LTD.

FILED 99 MAR 29 AM 6: 56



######################################	Principal Office Address % BURTON & CO 4310 SHERIDAN ST HOLLYWOOD FL 33	<b>#20</b> 2	3. Date Formed or Registered 09/07/1995 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$1,100,990.00	
HOLLTWOOD PL 33(2)	HOLLTWOOD PL S	3021	03/25/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address		FL.		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State  Zip Country	City & State	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to Dept	of State (See reverse side for fee informat	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
WENER, TOBY 19207 N.E. 18TH AVENUE, NORTH MIAMI BEACH FL 33179			Name Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt #	Suite, Apt #, etc		
		City			
10a. Pursuant to the provisions of section for the purpose of changing its register. I am familiar with, and accepting A	stered office or registered agent, or both, in the pt the obligations of section 620.192, Florida St. Oppointment)	above-named limited partne State of Florida Such chan- alutes.	ership organized or registered under the laws of ge was authorized by its general partner(s). The DAT	FL Zip Code  the State of Florida, submits this statement of registered accept the appointment of registered	
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from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

3120199 Daytime Telephone Number 954-961-1040